

**CRUISE LINE DEPOSIT FORM**  
**CELEBRITY CRUISES**

**Destination:** BERMUDA  
**Group Leader:** JOHN RANNAZZISI  
**Departure Date:** SEPTEMBER 1, 2019



PLEASE PRINT CLEARLY - EACH PASSENGER MUST FILL OUT HIS/HER OWN FORM

NAME \_\_\_\_\_  
(Check One) (Mr.) \_\_\_\_\_ (Mrs.) \_\_\_\_\_ (Miss) \_\_\_\_\_ (Ms.) \_\_\_\_\_

**(First, Middle and Last Name. Exactly as printed on your Passport.)**

\*The Charge To Change An Incorrect Name On Documents Is \$150.00 Including FedEx Charges.)\*

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_ CELL PHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ COUNTRY OF BIRTH \_\_\_\_\_

E-MAIL \_\_\_\_\_

U.S. PASSPORT NUMBER \_\_\_\_\_ ISSUING AUTHORITY \_\_\_\_\_

*For example: United States Department of State (USDOS)*

DATE ISSUED \_\_\_\_\_ DATE OF EXPIRATION \_\_\_\_\_

NAME OF PERSON WITH WHOM YOU WILL BE ROOMING: \_\_\_\_\_

**CRUISE CATEGORY \_\_\_\_\_ COST \$ \_\_\_\_\_ AMOUNT OF DEPOSIT ENCLOSED FOR CRUISE \$ \_\_\_\_\_**

***YOUR DEPOSIT WILL SECURE YOUR RESERVATION. THE REST OF YOUR TRIP COST IS DUE BY YOUR FINAL PAYMENT DATE.***

Please check 1 perk below. Roommates must choose the same perk. Perks are only available for 1<sup>st</sup> & 2<sup>nd</sup> passengers in a cabin. Offer applies to outside and balcony cabins.

\_\_\_ \$150 on-board credit \_\_\_ Unlimited classic beverages \_\_\_ Pre-paid gratuities \_\_\_ Unlimited Internet

**AMOUNT OF INSURANCE PREMIUM ENCLOSED\* \_\_\_\_\_ DATE OF INSURANCE PAYMENT \_\_\_\_\_**

***\*TRAVEL PROTECTION IS RECOMMENDED AND OPTIONAL. SEE OTHER SIDE FORMORE INFORMATION AND PLAN RATES.***

CHOICE OF DINING

BED PREFERENCE

MAIN SEATING \_\_\_ LATE SEATING \_\_\_

1 QUEEN BED \_\_\_ 2 LOWER BEDS \_\_\_

CELEBRITY SELECT \_\_\_

TRIPLES (2 Lovers, 2 Uppers) \_\_\_\_\_

SPECIAL OCCASION? BIRTHDATE \_\_\_\_\_ ANNIVERSARY DATE \_\_\_\_\_

ARE YOU A PAST PASSENGER WITH THIS CRUISE LINE? YES \_\_\_ NO \_\_\_ Captain's Club # \_\_\_\_\_

IS AIRFARE INCLUDED ON THIS RESERVATION? YES \_\_\_ NO \_\_\_

IF INCLUDED, PLEASE FILL IN DEPARTURE CITY: \_\_\_\_\_ AIRPORT: \_\_\_\_\_

**EMERGENCY CONTACT NAME, RELATIONSHIP TO YOU, ADDRESS & PHONE NUMBER:**

**\*\*When we book your cruise, we must tell the cruise line if you would like to be automatically upgraded, if an upgraded cabin becomes available. This WILL change your cabin and LOCATION on the ship. **WOULD YOU PREFER TO KEEP YOUR ORIGINAL CABIN OR TO BE UPGRADED AND MOVED?****

Keep my original cabin \_\_\_ OR Upgrade and change my cabin \_\_\_ (Please check one)

1-800-423-0247 • 610-328-4181 • Fax: 610-328-4769

www.grandamericantours.com



**TOUR PROTECTION PLAN through TRAVELEX INSURANCE SERVICES**

<i>TRIP COST</i>	<i>PLAN COST PER PERSON</i>
\$1 - \$500	\$49
\$501 - \$1000	\$86
\$1001 - \$1500	\$125
\$1501 - \$2000	\$169
\$2001 - \$2500	\$214
\$2501 - \$3000	\$262
\$3001 - \$3500	\$316
\$3501 - \$4000	\$373
\$4001 - \$4500	\$422
\$4501 - \$5000	\$492
\$5001 - \$6000	\$545
\$6001 - \$7000	\$673
\$7001 - \$8000	\$757
\$8001 - \$9000	\$822
\$9001 - \$10,000	\$920

*For trip cost above \$10,001, please contact us.*

<i>BENEFITS</i>	<i>AMOUNT PER PERSON</i>
Trip Cancellation	Up to 100% Trip Cost
Trip Interruption	Up to 150% of Trip Cost
Trip Delay	\$750 (\$300/day)
Missed Connection	\$750
Baggage & Personal Effects	\$1,000
Equipment Delay	\$500
Baggage Delay	\$250
Emergency Medical Expense	\$50,000 (\$750 dental sublimit)
Emergency Medical Evacuation & Repatriation	\$250,000
AD&D (Accidental Death & Dismemberment)	\$25,000
Travel Assistance & Concierge Services	Included

**To be eligible for the waiver of the Pre-Existing Condition Exclusion, the plan must be purchased within 21 days of initial trip deposit, full trip cost must be insured, and you must be medically fit to travel at time of plan purchase.**

**To view/download the Policy, go to: <http://policy.travelexinsurance.com/319A-1217>.**

*The purchase of this product is not required in order to purchase any other travel product or service. The products being offered provide insurance coverage that only applies during your covered trip. You may have insurance coverage from other sources that provide similar benefits but may be subject to different restrictions depending upon the coverage. You may wish to compare the terms of the travel policy offered through Travelex with any existing life, health, home and automobile insurance policies you may have. If you have questions about your coverage under your existing insurance policies, contact your insurer or insurance agent or broker. The product descriptions provided here are only brief summaries and may be changed without notice. The full coverage terms and details, including limitations and exclusions, are contained in the insurance policy. Travel Insurance is underwritten by, Berkshire Hathaway Specialty Insurance Company (formerly known as Stonewall Insurance Company); NAIC #22276. GRO Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. Please visit [www.travelexinsurance.com/company/fraud-warning](http://www.travelexinsurance.com/company/fraud-warning) to view the state specific fraud warnings or call 844.845.8691.*

*Insurance payments must be made out to Grand American Tours from the individuals traveling, not from an organization or group leader. This is to protect the organization from liability. We are an agency providing travel services for 3<sup>rd</sup> parties and hence we are not responsible for delays, damages, injuries or incorrect visa/passport information.*

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